



**DIOCESE OF SPRINGFIELD  
TIME SHEET**

**Name** \_\_\_\_\_ **Pay Period Ending** \_\_\_\_\_

**Position** \_\_\_\_\_ **Department** \_\_\_\_\_

	WORKED			NONWORKED					Remarks	
	Mo./Day	Reg.	OT	Vac.	Hol.	Sick	Pers.	Other		Total
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
<b>TOTAL</b>										

\*Note: Overtime is only applied after 40 regular work hours (not including vacation or sick/personal)

**AUTHORIZATION**

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_